

Committee and AGM minutes

31 October 2017 - 10.00am 12pm
Bewicks, Gateshead Civic Centre

Committee members present

Michael Brown (MB)	Interim Chair
Lola McPartland (LM)	Committee member
Michael Peacock (MP)	Committee member
Shamshad Shah (SS)	Committee member
Ann Dymyd (AD)	Committee member

Apologies

Lynda Cox	Committee member
Julie Boyack	Committee member
Kate Israel	Chair, Tell Us North

In attendance

Steph Edusei (SE)	Chief Executive
Wendy Hodgson (WH)	Deputy Chief Executive
Kim Newton (KN)	Project Manager
Victoria Clarke (VC)	Volunteer and Outreach Co-ordinator
Nicola Winship (NW)	Administrator

1. Welcome and introductions

The meeting began at 10am with a round of introductions.

2. Apologies for absence

Apologies were noted from Lynda Cox, Julie Boyack, Kate Israel and Alan Guest.

3. Appointments and resignations from the Committee

Committee are new in post and opportunities to join the Committee are still available. Interested parties to contact SE or WH.

4. Chief Executive presentation and questions

Highlights of the year.

- Social media reached 55185 people
- Volunteers helped us with everything from 'enter and view' to mystery shopping
- We carried out over 50 engagement activities
- Reports tackled meaningful issues
- Gathered the views of 75 young people in our survey about health and social care services

We carried out three enter and view visits at Teams Medical Practice, Hawkshead House and Springvale Court

Recommendations from Teams Medical Practice were:

- Increasing awareness of how people can get involved
- Developing Health Champions peer support and social prescribing roles
- Feedback how people had influenced service delivery
- Further develop use of social media and newsletters

Recommendation from Hawkshead House and Springvale Court Care homes:

- Maximise meaningful activities using external agencies and care home staff
- From our mystery shopping exercises around patient engagement, recommendations included:
 - Taking a more proactive approach when patients express an interest.
 - Increased training and awareness for staff
 - A prospectus of practice services
- Accessible Information Standard recommendations included:
 - Increased staff training and awareness
 - Review of communication methods

Annual event - this was well attended. The public got the chance to meet with people who plan and deliver services. A follow up report is now available.

Finance - SE gave breakdown of 2016/2017 Finance for HWG as documented in the annual report.

Questions:

1. How is it sustainable to carry on spending more than we have?
SE advised that previous to TUN being awarded the contract from 1 April 2017, the previous contract holder had a historical underspend, which in 2016/17 had been used to employ a freelance Volunteer Coordinator. SE stated that part of her job is to ensure that HWG live within our means and, so we are looking for ways to do work that's paid so that a surplus can go back into the Healthwatch pot.
2. Gateshead is a big place. How do you engage in such a diverse borough? There is also a problem with transport from the west to the QE.
SE replied that HWG is trying to forge relationships with voluntary organisations and then we can link in with their engagement/groups. VC came into post at the end of May and is out and about in the community collecting views and this is recorded onto our feedback centre and helps to set priorities. There is now a regular drop in at the QE and plans for a drop in at Blaydon PCC. We are also about to launch the Gateshead App which will allow people to provide feedback.
3. What about people who are housebound, how do you engage with them?
SE - It is impossible to reach everyone, but we would hope with all the connections with the voluntary sector and groups that we would reach as many as possible.
4. Where would you get additional income from?
SE - Provided the example of the Fringe Events that we have held for Delivering Together whereby we have had costs reimbursed and staffing costs.

5. Chair presentation and questions

The year ahead

MB (interim Chair HWG) introduced himself and explained that his background was in Local Government and Health and Social Care Commissioning. MB then spoke about the following:

- Health and social care are linked - you can't do one without the other
- Spending on health and social and wWellbeing need to be funded or society will collapse
- We are in challenging times with reduced budgets in both health care and local authority
- We have staff recruitment shortages on health care side
- Waiting times are on the increase
- Stretched emergency and ambulance services
- Bad flu epidemic prediction
- Mental Health provision around waiting times
- Bed Blocking - delayed discharge
- Use of foodbank increased
- Brexit affects all of this

HWG year ahead

- Voices need to be heard through these challenging times
- This then needs to be fed into organisations
- Planned work, practical pieces of work.
- Young people, carers, NHS continuing healthcare (CHC), mental health, end of life
- Evidence must be robust and must be on track with pieces of work

MB thanked SE, the HWG staff team and HWG Champions.

Questions:

1. How do you see changes from government impacting on HWG agenda/priorities? Are they lined up or can they shift?

MB - They are lined up but we need to see what happens on 23 November and to see locally what is happening. Our projects are based on evidence.

6. People, communities and care presentation and discussion

JR presented People, Communities and Care model. Discussions and questions were made and feedback recorded regarding the following:

- How will we look at integration around Gateshead?
- What are we trying to solve?
- The population is older and poorer, people are struggling to get into work; housing estates are not great; there are lots of people with lots of health problems
- We need Better Health, Better Care, Sustainability, People Empowerment, Community Connectivity, Care and Support
- Mental health, QE, CCG and local authority - all trying to do the same thing and will commit to working together as part of this model so that we have a new streamline system
- In 18 months' time what will be different? We should have a single care record and Care Managers/Navigators who will co-ordinate care.

7. Any other business

No other business.